TITLE XIX REPORT OF EXPENDITURES (BY CATEGORY OF SERVICE) (FISCAL YTD TOTALS AS OF 04/30/06)						
CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE	TOTAL PAYMENT		
INPATIENT	44,227	58,388	352,724	\$232,157,297.40		
OUTPATIENT	197,477	654,775	4,450,567	\$138,432,157.67		
CHILD PART HOSP	0	0	0	\$0.00		
CHILD DAY TREATMENT	0	0	0	\$0.00		
ADULT PART HOSP	2	0	0	\$305.00-		
ADULT DAY TREATMENT	1	17	213	\$2,559.39		
SKILLED NURSING FACILITY	2,081	4,520	59,455	\$14,701,569.66		
INTERMEDIATE CARE FACILITY	19,009	138,085	3,977,212	\$338,421,525.64		

22,373

114,029

214.295

105,275

35,556

24,140

25,366

26.724

27,063

145,706

141,097

298.823

262,866

44,093

10,803

21,047

257.641

122,658

134,039

48,106

5,359

11,266

49,928

21,656

638

539

145,457

157,459

25.512

1,255,294

52,670

5,398,667

2,780,479

2,212,366

396

98

n

n

n

n

658,596

11,792

102

Π

Π

Π

1.775.510

3,007,218

210,836

218,324

619.685

23,729

19,486

26,988

145,604

141,097

456,481

375,505

51,527

377,112

262,447

130,981

170,948

60.081

143,541

313,058

64,580

613,864

8.517

31,598

5,610,248

3,087,564

812.002

1,255,229

13,365,877

52,655

2,780,479

2,524,192

4,984,345

2,335

23,175

293,851

69.387

53,694

3.937

14,706

2,966

3,133

283,027

14,789

79,991

7.634

8,663

52,040

49,243

5,880

1,196

2,064

126,516

76,926

25,454

17.137

594

681

9,459

2,837

9,473

9,604

2,347

190

46

5

182,313

342,957

43

78

q

Ω

0

3

IOWA DEPARTMENT OF HUMAN SERVICES

MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE

RUN DATE 04/22/06

\$205,150,481.92

\$2,836,504.56

\$36,106.86

\$5,304.55

\$68,038,884.75

\$143,190,311.19

\$24.836.943.69

\$3,434,793.72

\$31,691,365.88

\$2,605,774.65

\$19,130,446.47

\$302,016,384.55

\$1,439,763.05

\$9,985,264.25

\$7,986,094.74

\$2,510,458.00

\$6,038,864.18

\$29,381,083.34

\$12,414,219.26

\$11,102,235.30

\$2,224,884.69

\$23,979,981.81

\$34,115,926,47

\$6,526,141.67

\$4,239,627.75

\$1,831,319.05

\$1,814,801.88

\$8,001,990.91

\$2,048,478.59

\$4,601,523.55

\$317,603.48

\$300,633.90

\$199,919,529.66

\$34,330,740.67

\$13,056,755.58

\$13,222.28

\$80,874,976.99

\$406,680,54

\$6.17

\$0.00

\$0.00

\$788.16-

1

IAMM2200-R003 (MR-0-12)

INTER CARE MENTAL RETARDA

NURSING FAC FOR MENTAL ILL

LEAD INSPECTION AGENCY

MEP CASE MANAGEMENT

AMBULANCE SERVICES

PRESCRIBED DRUGS

IOMA PLAN PROGRAM

EPSDT SCREENING

PATIENT MANAGEMENT

OTHER PRACTITIONER

FAMILY PRESERVATION

MEDICAL SUPPLIES

HMO SERVICES

DENTAL

OPTOMETRIST

PSYCHIATRIC

MR WAIVER SERVICE

AIDS WAIVER SERVICES

ELDERLY MAIVER SERVICES

PODIATRIC

CHIROPRACTIC

DRUG CAPITATION

LAB AND RADIOLOGICAL

REHAB SUPPORT SERVICES

LOCAL EDUCATION AGENCY

INDIAN HEALTH SERVICES

FAMILY PLANNING SERVICES

MANAGED SUBSTANCE ABUSE

MENTAL HEALTH ACCESS PLAN

HEALTH INS PREMIUM PAYMENT

TREATMENT FOSTER FAMILY CARE

PHYSICAL DISABILITIES SVCS

BRAIN INJ WAIVER SERVICES

RESIDENTIAL CARE FACILITY

CHILDRENS MENTAL HEALTH SVC

ILL & HANDICAPPED WAIVER SVCS

FAMILY CENTERED PROGRAM

GROUP TREATMENT THERAPY

EARLY ACCESS SERVICES

HOME HEALTH

CLINIC SERVICES

PHYSICIAN

AS OF 04/30/06

IAMM2200-R003	(MR-O-12)
AS OF 04/30/06	

IOWA DEPARTMENT OF HUMAN SERVICES MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 2 RUN DATE 04/22/06

> TOTAL PAYMENT

\$21,571,449.16 \$764,497.05-\$2,046,957,079.26

\$0.00

(BY CATEGORY OF SERVICE)

TITLE XIX REPORT OF EXPENDITURES (FISCAL YTD TOTALS AS OF 04/30/06)

CATEGORY OF SERVICE	RECIPIENTS SERVED	NUMBER OF CLAIMS	UNITS OF SERVICE
COUNTY OFFICE REIMBURSEMENT	0	0	0
MEP SERVICES	11,235	90,965	96,754
UNASSIGNED	91	2	0
ALL CATEGORIES*	413,409	15,146,241	53,328,728
		*** END OF REPORT ***	